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PTO/S8/22 (09-06)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)			Docket Number (Optional)	
FY 2006 (Foos pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			2990	002053200
Application Number 09/894,203		Filed June 28, 2001		
7,500				
For SEMICONDUCTOR STORAGE DEVICE				
Art Unit 2136			Examiner	D. G. Cervetti
This is a request under the provisions of 37 CFR 1 136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<u> </u>		<u>Fee</u>	Small Entity Fee	
One mor	th (37 CFR 1.17(a)(1))	\$120	\$60	\$
Two mon	ths (37 CFR 1.17(a)(2))	\$450	\$225	\$
X Three mo	onths (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00
Four months (37 CFR 1.17(a)(4))		\$1590	\$ 795	\$
Five months (37 CFR 1.17(a)(5))		\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1,27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTQ-2038 is attached.				
X The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to				
Deposit Account Number <u>03-1952</u> Lhave-enclo Transmittal			sed-a-duplicate-copy of this sheet. Fee form (PTO/SB/17) is attached to this in-duplicate.	
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assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
, [x]	attorney or agent of record. Re	gistration Number	54,217	
attorney or agent under 37 CFR 1 34.				
Registration number if acting under 37 CFR 1.34				
			April 24, 2007	
Signature			Date	
Adam Keser Typed or printed name			(703) 760-7301 Telaphone Number	
NOTC: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Subject multiple forms if more				
than one signature is required, see below.				
fotal of 1 forms are submitted.				